

## Kentucky Department of Education

## Child and Adult Care Food Program

## FAMILY DAY CARE HOME MONITOR REVIEW FORM

## Sponsoring Organizations of Affiliated and Unaffiliated Centers

INSTRUCTIONS FOR COMPLETING MONITOR REVIEW FORM									
<p><b>For all sponsoring organizations, at least two of the three monitor reviews per site must be unannounced. A meal service must be observed during at least one of the monitor reviews conducted in the past year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable.</b> For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.</p>									
<b>Section 1. General Information</b>									
Date of Review:		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 30 Day				
Name of Reviewer:									
Arrival Time:				Departure Time:					
Follow-up:	<input type="checkbox"/>	Announced:	<input type="checkbox"/>	Unannounced:	<input type="checkbox"/>				
<b>1.</b>	Provider's Name:								
	Address:								
	Phone:								
	Type Home:	<input type="checkbox"/>	Registered	<input type="checkbox"/>	Certified	<input type="checkbox"/>	Licensed		
<b>2.</b>	A. Date of Last Review:								
	If applicable, list any problem areas noted during last review.								
	B. Have these problems been corrected as of today's visit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				
	If NO, indicate what follow-up action is necessary and the time frame required for correction.								
<b>3.</b>	Is there a copy of the agreement between the Sponsoring Organization and the provider on file in the provider's home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<b>4.</b>	Total number of children currently enrolled:								
<b>5.</b>	Are provider's own children claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				
<b>6.</b>	Type of Home:	<input type="checkbox"/>	Tier 1	<input type="checkbox"/>	Tier II	<input type="checkbox"/>	Mixed Tier		

7.	Eligibility was determined by:								
	<input type="checkbox"/>	School District	<input type="checkbox"/>	Census Data	<input type="checkbox"/>	Income Application			
8.	Days of Operation:		<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	a. Hours of Operation				a.m. to				p.m.
	b. Holidays care is provided:								
9.	Is care provided in shifts?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Hours in shifts			to					
				to					
				to					
10.	<b>Average</b> number of children served at each meal and scheduled time of service:								
		Number of Meals			Times of Meal Service				
	Breakfast								
	AM Snack								
	Lunch								
	PM Snack								
	Supper								
	LN Snack								
11.	If the home is licensed, is the time between meal servings at least 2 hours and no more than 3 hours from meal start time to meal start time?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
12.	Has the provider attended the Sponsoring Organization's CACFP annual training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
13.	<b>Section 2. Food Service</b>								
	A. How far in advance are menus planned?								
	B. What food service guidance materials are available at the home?								
	(i.e. Guide to Crediting Foods, Food Buying Guide, etc.)								
	C. Current Month Menus								
	(1) Are menus retained on file in the provider's home?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	(2) Are all of the required components served for each meal? (If NO, complete the following chart)				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	Date	Meal Service	Reason for disallowance		Number Disallowed				

	(3) Does the provider demonstrate familiarity with the types and quantities of food required for each type of meal service?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14.	<b>Section 3. Sanitation</b>					
	A. Are sanitary procedures followed in all aspects of food service?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	B. Is the kitchen area kept clean at all times?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	C. Method of Sanitizing dishes:	<input type="checkbox"/>	bleaching method	<input type="checkbox"/>	dishwasher	
	D. Are refrigeration facilities adequate for cold and frozen foods?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	E. Is a thermometer available in the refrigerator?	Temp.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	(Refrigerator temps should be between 33-42 degrees)					
	F. Is a thermometer available in the freezer?	Temp.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	(Freezer temps should be below 0 degrees)					
	G. Are frozen perishable foods thawed under refrigeration?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H. Are all insecticides, polishes and cleaning compounds stored in an area separate from food and in an area that is not accessible to children?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
15.	<b>Section 4. Space, Facilities and Equipment</b>					
	A. Is there adequate dry storage for food items?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	B. Is dining space adequate for the number of children enrolled?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	C. Is there working equipment for heating food?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	D. Is a sink with running hot and cold water available?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

16.	<b>Section 5. Handwashing</b>				
	A. Do meal preparers practice proper handwashing techniques?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	B. Do children practice proper handwashing techniques?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17.	<b>Section 6. Meal Service</b>				
	A. For the meal service observed, <b>record the types and quantity of food prepared.</b>				
	Meals	Requirements for Meals	Food Used		
	Breakfast	Milk			
		Fruit/Vegetable, Juice			
		Bread			
	Lunch or Supper	Milk			
		Meat/Meat Alternate			
		Fruit/Vegetable			
		Fruit/Vegetable			
		Bread			
	Snack (Select two of the four Components)	Milk			
		Meat/Meat Alternate			
		Fruit/Vegetable			
		Bread			
	<b>Note: If infant participates in meal served from the kitchen (table food), please list foods served.</b>				
	B. Record the <b>food items served</b> for infant meals:				
	<b>Infants-Food Items Served</b>				
	Meal Component	Birth - 3 Months	4 - 7 Months	8 - 11 Months	
	Iron-Fortified Formula/Breast Milk/Whole Milk				
	Infant Cereal/Bread				
	Fruit/Vegetable				
	Fruit/Vegetable				
Meat/Meat Alternate					

18.	C. Is at least one required component of the infant meal pattern supplied by the family day care home (or the mother if breast-feeding) for claimed infant meals?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	List meals deducted during this monitoring visit:							
		Breakfast		AM Snack		Lunch		
		PM Snack		Supper		LN Snack		
	E. Note if any missing components or insufficient quantities of food are observed in today's meal service.							
	F. Number of infants served:							
	Number of regular participants Served:							
	<b>Section 7. Recordkeeping</b>							
	A. Are daily meal count records kept for the number of meals served to children?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Are accurate attendance records maintained on enrolled children?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C. Are current CACFP enrollment forms on file for all children?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
D. Are these records given to the Sponsoring Organization on a regular basis as provided for in the Agreement between the Sponsoring Organization and the day care home?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
E. Does the Sponsor keep copies of all records from the past twelve months and copies of all current enrollment forms at the provider home?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

F. Please complete chart below by reviewing the sign in and out sheets from the last five days and comparing with enrollment forms located at the provider home.

License Capacity:							
	Enrollment Information from Attendance (Mark for each day the child attended) for Participant Enrollment Form last five days of provider operation.						
Child Name:	Days the Participant Typically Attends Per EF	Times the Participant Typically Attends per EF	Date	Date	Date	Date	Date
Inconsistencies were noted between days and times listed on enrollment form and the days and times the child attended?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
*If yes, note this on section "D" of household contacts, and document steps taken to determine reasons for discrepancy and necessary corrective action.							

19.	<b>Section 8. Meal Counts</b>						
	List the meal counts for each of the preceding five serving days for the meal types for which the provider is approved:						
	License Capacity:		Enrollment:				
		Breakfast	AM Snack	Lunch	PM Snack	Supper	LN Snack
	Day 1						
	Day 2						
	Day 3						
	Day 4						
	Day 5						
	Total						
	Average						
	A. What was the meal count for the meal you <b>observed</b> on the day of the monitor review?						
	B. Do the meal counts for the prior five days appear reasonable when compared to today's meal count?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If NO, obtain and record provider's explanation and describe corrective action						
C. Are the children listed on the sign in/out sheet the same as the children claimed on the Menu for the five (5) previous days?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If NO, explain:							
D. Per the five day meal reconciliation, is the provider within license capacity at all times?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If NO, explain:							
20.	<b>Section 9. Civil Rights</b>						
	A. Are admission and placement criteria and procedures nondiscriminatory?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	B. The "Building for the future" poster is on display?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	C. A separation does not exist by race, color, national origin, sex, age or disability?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Does the facility allow equal access to services and facilities and serve meals to all attending participants equally, regardless of race, color, sex, age, disability & national origin?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If NO, explain:						

E.(1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest your home. The link to the racial/ethnicity report for KDE schools is on SCN's website at: [http://education.ky.gov/federal/SCN/Documents/Public%20School\\_Ethnicity%20Report\\_%20SY%202012-2013.pdf](http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf)

E.(2) The number of participants enrolled in the CACFP program at your home. (This is to only be done on the first monitor review of the year.)

	Ethnicity		Race			
	Hispanic	Not Hispanic	Black or African American	White	American Indian or Alaskan Native	Asian or Pacific Islander
1						
2						

21.

#### Section 10. Household Contacts

In the review of documentation and/or this visit, have any of the following occurred?

A. There are no inconsistencies between sign in sheets and meal count records for which there is not reasonable explanation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Recent monitor review's for this provider have been successful?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. Income Applications (if applicable) and enrollment forms for children in the provider's care are not altered in writing, with white out, or with correction tape?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D. There are no inconsistencies noted between days and times noted on enrollment form and the days and times the child attended?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If yes, document in the Summary of Findings the steps taken to determine reason for discrepancy and corrective action needed.



